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ASSESSMENT OF CONSUMER HEALTH EDUCATION NEEDS OF DEWITT MEDDAC--ETC(U)
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ASSESSMENT OF CONSUMER HEALTH EDUCATION NEEDS OF DEWITT MEDDAC,
FORT BELVOIR, VIRGINIA

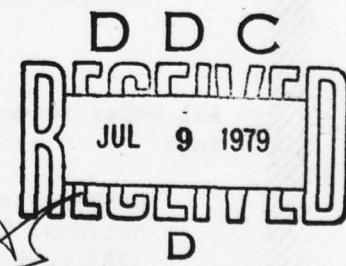
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Final Report

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) The purpose of the survey was to assess the consumer health education needs of the DeWitt MEDDAC, Fort Belvoir, Virginia. The objectives were: to identify the current patient education programs; to determine the educational methodologies used for the current patient education programs; to determine the resources, both technological and personnel, used for the current patient education programs; to systematically identify local consumer health education needs from input by both health care providers and patient consumers; to select the			

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topic areas to be addressed for the PACOMED study from the outcomes of the assessment. The sample consisted of 20% percent of the professional staff, 200 Family Practice and Acute Minor Illness Clinic Consumers and 147 potential patient consumers from the housing developments on Post. Major conclusions were: the methods used and the completeness of the sampling varied considerably and does not necessarily support generalizations into other situations; the patient and community education needs selected from the outcomes of the assessment were: hypertension, diabetes, weight control, family planning, vaginitis, breast self examination, child growth and development, and eye problems. In addition the data indicated a need for validated patient instructional strategies with scientific assessment tools, a learning center for patients, technological resources, leadership and "know-how" in the area of consumer health education.

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SUMMARY

1. INTRODUCTION.

The Adequate determination of consumer health education needs is the primary element in the process of establishing a Consumer Health Education System. Adequate determination involves an understanding of needs as perceived by the health care personnel as well as patient consumers.

2. PURPOSE.

The purpose of the survey was to assess the consumer health education as it existed and what were the related unmet needs of the professional staff and of the consumer community.

3. OBJECTIVES.

a. The objectives of the assessment were:

- (1) To identify the current patient education programs.
- (2) To determine the educational methodologies used for the current patient education programs.
- (3) To determine the resources, both technological and personnel, used for the current patient education programs.
- (4) To systematically identify local consumer health education needs from input by both health care providers and patient consumers, and
- (5) To select the topic areas to be addressed for the PACOMED study from the outcomes of the assessment.

4. METHODOLOGY.

a. The DeWitt Army Hospital, US Army MEDDAC, Fort Belvoir, Virginia, was selected as the test site. The assessment was conducted during the months of October through December 1974 and January through March 1975.

b. The data collection and analysis efforts were very broad and consisted of a range of data collection methods. The data were obtained from written surveys, personal observations, and interviews.

c. Only one member of the project team, the project director, was available, at the time, to carry out the assessment. Therefore, interviewer reliability was based on two factors: the investigator's experience from previous educational and experimental programs, and the fact that there was a single interviewer (the investigator).

d. Data was collected from the professional staff, patient consumers from the Family Practice and Acute Minor Illness Clinic and potential patient consumers from the housing developments on post.

e Respondent Measurements.

(1) Information obtained from the professional staff consisted of: (a) the type of patient education being done, (b) the methods used, (c) the areas of repetition, (d) the areas of deficiency, (e) the needed resources (human or technological), (f) the two patient education areas of greatest need in: 1 chronic medical conditions, 2 selected problems (OB/GYN, pediatrics, surgery), 3 acute minor illness and 4 community health.

(2) Information obtained from the Family Practice Clinic and Acute Minor Illness Clinic consumers and potential patient consumers consisted of: (a) demographic data, (b) preference for health education presented by what combination of media and personnel, (c) in groups or individually, (d) days or evenings, (e) preference of family participation, (f) adequacy of patient education provided, (g) and general subject areas of consumer health education.

5. CONCLUSIONS.

a. Professional Staff.

(1) Approximately 20 percent of the assigned professional staff participated in the survey. The physicians from the services other than Internal Medicine and Family Practice did not respond to the assessment. Six patient education areas and two community health problems representing patient and community education needs were selected. They were: Hypertension, diabetes, weight control, family planning, vaginitis, breast self examination, child growth and development, and eye problems.

(2) The survey indicated a need for: validated patient instructional strategies with scientific assessment tools, a learning center for patients, technological resources, leadership and skill in the area of consumer health education.

b. Family Practice Clinic and Acute Minor Illness Clinic Consumers.

(1) Information was collected from the 200 Family Practice and Acute Minor Illness Clinic consumers concerning: demographic makeup of the sample population; media preference, television or combination modes; instructor preference, physician, health educator, nurse; instruction presented in groups or individually; day or evening; and family participation.

(2) The diseases of most concern were heart disease, cancer and hypertension. The community health education topics most often selected by the patient consumers were: first aid, basic nutrition, common childhood illnesses, childhood growth and development, consumerism and health care, and pharmacology for the layman.

c. Potential Patient Consumers.

The major portion of the potential patient consumers had a favorable attitude toward patient and community health education; media preference, lecture, television, or a combination of modes; personnel preference, physician, nurse, health educator; desired to have instruction presented in groups or individually; day or evening; and family participation.

d. This assessment has established inadequacies of consumer health education that are both qualitative and quantitative. The greatest need is for education to encourage the patient to participate and assume more responsibility in their health care by changing their behavior. An adequate consumer education program would be beneficial to the professional staff as well as the patients.

6. RECOMMENDATION.

The PACOMED Project should proceed with a systems approach in the development and testing of a consumer health education program using the patient and community needs established by this assessment.

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ASSESSMENT OF CONSUMER HEALTH EDUCATION NEEDS
OF DEWITT MEDDAC, FORT BELVOIR, VIRGINIA

1. INTRODUCTION.

a. Purpose.

The primary goal of consumer health education is to enable the patient consumer and/or family members to recognize and seek attainment of the proper attitudes and behavior in self or others that are needed to assume responsibility for their own health care and maintenance. Several factors complicate the achievement of this goal. There is the complexity of the health education content and the diversity of its purposes as seen by the various health care providers and patient consumers. The high rate of turnover among the professional staff as well as the transient patient consumer population inhibits long-range planning for comprehensive consumer health education. The diverse educational preparation of different health care professionals and the diverse educational preparation of patients are additional factors. Furthermore, too few health care professionals have a basic knowledge of educational methodologies.¹

While there are numerous problems pertaining to assessment of needs, the one question that must be answered as the first step in developing a consumer health education system is: "What are the health education needs of both the professional health care providers and patient consumers?"¹

b. Background.

The assessment of needs is the primary element in the process of establishing a Consumer Health Education System. Adequate determination involves an understanding of needs as perceived by the health care personnel and the patient consumers. A program that does not make sense to the health care personnel and patient consumers cannot succeed; they will not respond unless a reasonable relationship is seen between the systems and their own needs.²

¹Kucha, D. H., The Design, Development, and Evaluation of an Empirical Model of an Outpatient Health Information and Management System, Unpublished Doctoral Dissertation, The Catholic University of America, Washington, D.C., 1973, 41-58.

²Kucha, D. H., Guidelines for Implementing an Ambulatory Consumer Health Information System: A Handbook for Health Education, San Antonio, Published under the auspices of the Army-Baylor University Graduate Research Series, 1974, 14-22.

2. OBJECTIVES.

The overall objectives of this phase of the study were:

- a. To identify the current patient education programs.
- b. To determine the educational methodologies used for the current patient education programs.
- c. To determine the resources, both technological and personnel, used for the current patient education programs.
- d. To systematically identify local consumer health education needs from input by both health care providers and patient consumers.
- e. To select the topic areas to be addressed for the PACOMED study from the outcomes of the assessment.

3. METHODOLOGY.

a. Overview.

(1) In April 1974, approval for the study was received from the Health Services Command, with the USAMEDDAC, Fort Belvoir, Virginia, selected as the study site. The approval was subject to the availability of suitable space to conduct the study. The space was available in September 1974.

(2) The first phase of the project: Patient and Community Health Education Model: A Developmental and Evaluation Project Study (PACOMED) called for a systematic assessment of consumer health education needs.

(3) Only one member of the project team, the director, was available, at the time, to carry out the assessment. Consequently, only the essential information needed to conduct the study was addressed.

(4) The objective was to make an assessment of both the quality and quantity of patient education throughout in order to determine the priority areas and to identify the resources available. Since much of the data were preliminary, the methods used and selection of the samples varied considerably. The findings should not be applied to other situations without local verification.

b. Procedures.

(1) The data collection and analysis efforts consisted of a range of data collection methods. The data were obtained from written surveys, personal observations, and interviews conducted during the months of October through December 1974 and January through March 1975.

(2) Interviewer reliability was based on two factors: the investigator's experience from previous educational and experimental programs, and the fact that there was but a single interviewer (the investigator).

(3) Data were collected from the professional staff, patient consumers from the Family Practice and Acute Minor Illness clinics and potential patient consumers from the post family housing areas.

4. PROCEDURES, FINDINGS, AND RELATED DISCUSSION.

a. Professional Staff.

(1) Procedure.

(a) Data from systematic personal interviews, observations, and written questionnaires (Appendix A, p 25) were collected for a period of three months to gather the following information from the professional staff:

- 1 Type of patient education being done
- 2 Methods used
- 3 Areas of repetition
- 4 Areas of deficiency
- 5 Needed resources (human or technological)
- 6 The two areas of greatest need for patient education in:
 - a Chronic medical conditions
 - b Selected problems (OB/GYN), pediatrics, survey
 - c Acute minor illness
 - d Community health

(b) Approximately 20 percent of the assigned professional staff participated in the survey from the following areas: Emergency Treatment Room, Constant Care Unit, Medical-Female Ward, Surgical-Female Ward, Medical-Male Ward (the head nurses responded for staff members of this ward), Chief of Department of Medicine and medical staff, Chronic Care Nurse, Chief of Environmental and Community Health, Chief of Food Service, Chief of Social Work, Chief of Professional Services, OB/GYN Nurse Clinician, Family Practice Nurse Clinician, 8 out of 18 Family Practice physicians, NCOIC of North Post Dispensary, three optometrists from the Optometry Service, NCOIC of Davison Air Field, two physicians and one

nurse from Vint Hill Farms, Patient Administration Division, Supply and Services Division, Plans, Operations, and Training. The physicians from the services other than Internal Medicine and Family Practice did not respond to the assessment.

(2) Findings.

(a) Table 1 summarizes results. The chronic medical conditions which were most frequently cited were hypertension and diabetes with obesity and cardiac problems third and fourth. The selected problems mentioned most often were family planning and/or eye problems and counseling for potential hysterectomy patients. Common colds and vaginitis were the most commonly named acute minor illnesses. The greatest needs in community health were thought to be in basic nutrition and breast self examinations with the problems of hazards and accidents and child growth and development next in order of priority.

(b) There was an obvious lack of leadership in overall planning in health education and inadequate teaching areas, materials, and equipment.

(c) The quantity and quality of the educational effort and value showed great variation and was dependent upon the individual practitioners' standards and awareness of the patient's need. Dieticians and nurse clinicians put in more effort and came closer to giving patient education than other practitioners.

(d) Most physicians and nurses expressed the need for validated patient instructional standards for use in health care facilities.

(3) Discussion.

(a) The survey revealed that there was effective health information and some education in the area of communicable disease control, environmental protection, access to medical advice and assistance, and education through community participation in health planning and volunteer use.

(b) The professional staff expressed themselves as being in favor of health education and were especially insistent that it must be individualized for each patient's needs. Observation indicated that these expressions were sincere but with scant knowledge of goals or methods. Most were not aware of the fundamental differences between health information (disseminating facts) and health education (persuasion to change life style). There was no evidence that what a patient needed to know had been thought out and there was no assessment of what a patient did know or what they had learned from the education sessions. There was very little use made of teaching materials or technologies.

(c) The responsibility to improve or maintain the patient consumers' health by education programs which alter attitudes and improve behavior patterns or life styles was not being adequately met. Emphasis was needed on health problems that, by the patients' involvement, could be prevented (e.g., basic nutrition, accidents), detected early (e.g., breast self examination), or better controlled (e.g., hypertension, diabetes).

b. Family Practice and Acute Minor Illness Clinic (AMIC) Consumers.

(1) Procedures.

(a) Data for this section were obtained from 200 Family Practice and Acute Minor Illness Consumers. The selection was on a "walk-in" basis and each patient was interviewed in order to obtain the following information:

- 1 Demographic data
- 2 Preference of health education presented by what combination of media and personnel
- 3 In groups or individually
- 4 Days or evenings
- 5 Preference of family participation
- 6 Adequacy of patient education provided
- 7 General subject areas of consumer health education of interest.

(2) Findings.

(a) Demographic data is displayed in Table 2, p 16. In summary, of 200 respondents, 87 percent were under 50 years of age, of the remaining 13 percent only 2 percent were over 70. Caucasians were 92 percent of the sample with 7 percent black and 1 percent oriental. Females were preponderent 62 percent to 38 percent. Seventy-two percent were from active duty households and 28 percent were from retired households. Twenty-seven percent were the sponsor, 48 percent the spouse, and 25 percent other dependents. Occupation listed was 46 percent housewife, 16 percent student, 6 percent retired, and 32 percent with various employments. Seventy-two percent were married. Ninety-two percent said they had children and of these children 88 percent were under age 15.

(b) Health Education Responses (see Table 3, p 18). In summary, television was the popular medium but about half of the respondents thought a combination of methods was preferable. A physician was

the preferred purveyor of education by 44 percent, a health educator by 33 percent, a nurse by 17 percent and a "medic" by 6 percent. Forty-eight percent thought physicians gave adequate information to patients while only 37 percent thought that nurses did. From a list of eight diseases or causes of disability they were asked to list what would people worry about if they were informed--the top three diseases were heart disease, cancer, and hypertension. They were then asked what the average person worried about--the same three answers appeared most commonly with cancer now being first and heart disease second. When asked, with the same choices, what the average person worried about rarely, the top three choices were alcoholism, diabetes, and pneumonia. From a list of 13 subject areas for community health education the first three choices were first aid; the perils of eating American style; and common childhood illnesses: What to look for and do.

(3) Discussion.

(a) The demographic description of the population in the clinics is useful for assessing the population served by that clinic at that time of year and should not be assumed to be typical of other areas in other seasons. It is probably universally typical in that it is predominantly a population of active duty dependent spouse-housewives with children at home. The sample is considered acceptable for the needs of this study.

(b) The preferences for method and style of education fairly well reflect what is familiar and what is enjoyable. The preference for physicians to give the education is expected, if you get service from the most prestigious member of the team it must be the best. The title "health educator" is enough to cue respondents that this is an appropriate answer so it is not surprising, that this was a popular choice.

(c) The close fit of what the informed person would worry about and what the average person worries about were diseases that people think of as the inevitable hazards of growing old, which are even professionally lumped as degenerative diseases. Hazards, that are rarely worried about were either what is often believed to happen to other people (alcoholism) or to other families (diabetes) or is easily cured (pneumonia).

c. Potential Patient Consumers.

(1) Procedures.

(a) The learning needs of potential patient consumers was assessed by interviews in the on-post family housing areas. Most of the same information asked of the clinic patient sample was included as an added questionnaire (Appendix B, p 34) in a Walter Reed Army Institute of Nursing (WRAIN) student conducted Health Survey of Population at Fort Belvoir, Virginia (Appendix B, p 36). The survey was done by students in a home canvass conducted during March and April 1974.

(b) A total of 147 Fort Belvoir residents were given a questionnaire to fill out. The breakdown of the respondent population was as follows:

1 Colyer Village

Population - Officer	(WO 0/1-0/3)
Range or length of time living on post	(5 mos-11 yrs)
Number of respondents	(11)

2 River Village

Population - Officer	(WO 0/1-0/3)
Range or length of time living on post	(1 wk-4 yrs)
Number of respondents	(28)

3 Dogue Creek Village

Population - Enlisted	(E5-E9)
Range or length of time living on post	(2 mos-11 yrs)
Number of respondents	(32)

4 Lewis Heights

Population - Enlisted	(E4-E7)
Range or length of time living on post	(5 wks-6 yrs)
Number of respondents	(76)

(2) Findings.

See Table 3 p 18 - 21. In summary, of the household respondents 80 percent were the wife, 10 percent were the husband, 8 percent were other dependents, and 2 percent were jointly answered by husband and wife. Sixty-five percent thought they understood the meaning of patient and community health education, 73 percent had a favorable attitude toward health education, only 1 percent expressed an adverse attitude while 26 percent were indifferent. The individual most frequently preferred to give health education were the physician by 40 percent, nurse 28 percent and health educator 23 percent. The appraisal of current health education at Fort Belvoir was as follows: excellent, 11 percent; fairly good, 35 percent; not good, 9 percent; poor, 7 percent; and did not know, 38 percent. When asked if they were satisfied with the information they received when they saw a physician or nurse, about half of the patients were satisfied and half felt it was inadequate, with little difference reported between the two purveyors.

(3) Discussion.

Many respondents added comments that gave additional information on their attitudes. On the question of preferred person to

give health education most added comments such as "anyone who knows what they're doing," or "any qualified person." In response to the question of having family participation in health education, many of the wives said they wanted their husbands involved so they (the husbands) would have some of the responsibility. There were many comments concerning information provided by physicians, e.g., "talk above you," "feel you won't understand," "not enough detail," and "doctors are too busy." For the nurses there were such comments as "never see a nurse," "if you ask them, maybe," "nurse too busy," as well as "nurses have more time" and indications that some felt it easier to ask a nurse for information.

5. CONCLUSIONS.

a. The purpose was to make limited assessment of both the quality and quantity of patient education provided at the DeWitt Army Hospital MEDDAC, Fort Belvoir, Virginia.

b. Professional Staff.

(1) Six patient education areas and two community health problems representing community education needs were selected by the participating staff. They were: hypertension, diabetes, weight control, family planning, vaginitis, breast self examination, child growth and development, and eye problems.

(2) The survey indicated a need for: validated patient instructional strategies with scientific assessment tools, a learning center for patients, technological resources, leadership and skill in the area of consumer health education.

c. Family Practice and Acute Minor Illness Clinic Consumers.

(1) Data from the 200 Family Practice and Acute Minor Illness Clinic consumers revealed that the most popular mode of community health education would be television presentations to groups of families by a physician.

(2) Diseases of most concern were heart disease, cancer or hypertension.

(3) The community health education topics most selected by the patient consumers were: first aid, basic nutrition, common childhood illnesses, childhood growth and development, consumerism and health care, and pharmacology for the layman.

d. Potential Patient Consumers.

(1) The major portion of the potential patient consumers had a favorable attitude toward patient and community health education. The most requested or preferred means of providing such information appeared to be that of lectures delivered in the evening by a physician to groups of families.

(2) Forty-six percent felt the patient and community health education program at Fort Belvoir was excellent or fairly good. Sixteen percent felt it was not good, poor and 38 percent stated that they didn't know. The main expressed need was that they were not informed of the services.

(3) The respondents were about equally divided in the feeling that when they went to see a physician or nurse, adequate information about their specific problem was not given.

e. This assessment has established inadequacies of consumer health education that are both qualitative and quantitative. The greatest need is for education to encourage the patient to participate or assume more responsibility in their health care by changing their behavior. An adequate consumer education program would be beneficial to the professional staff as well as the patients.

6. RECOMMENDATION.

The PACOMED project should proceed with a systems approach in the development and testing of a consumer health education program using the patient and community needs established by this assessment.

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Kucha, D.H. The Design, Development, and Evaluation of an Empirical Model of an Outpatient Health Information and Management System. Unpublished Doctoral Dissertation, The Catholic University of America, 1973.

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TABLE 1

PROFESSIONAL STAFF ASSESSMENT
TABULATION OF RESPONSES TO QUESTION 6

Patient and Community Education Categories in Order of Priority*		Community Health			Other
DAH MEDDAC Areas Surveyed	Selected Middle Management	Chronic Medical Conditions	Acute Minor Illnesses	Community Health	Other
ETR (Emergency Treatment Room) (In hospital area head nurses responded for staff members)	BLANKS REPRESENT NO RESPONSE TO CATEGORY	Hypertension Asthma	Colds Influenza	V.D.	
CCU (Constant Care Unit)		Hypertension Cardiac Conditions		Diet Management Basic Good Nutrition	
Medical-Female		Diabetes Mellitus Alcoholism Cardiac Conditions Arthritis Drug Overdose & Abuse			
Surgical-Female	Family Planning Ostomy Care	Diabetes Mellitus Hypertension Alcoholism	Self Care Colds	Diet Management Basic Good Nutrition	
Male-Medical		Diabetes Mellitus Hypertension			
Chief of Medicine and Medical Staff		Hypertension Cardiac Conditions Obesity	Upper Respiratory Infection Self Care Colds		

*Refer to PACOMED PROTOCOL: Kucha, D.H., Health Care Delivery Study Proposal, "Patient and Community Health Education Model: A Developmental and Evaluation Project-PACOMED," Health Care Studies Division, Academy of Health Sciences, Fort Sam Houston, Texas, January 1974, 7(5).

TABLE 1 cont.

DAH MEDDAC Areas Surveyed	Selected Middle Management	Chronic Medical Conditions	Acute Minor Illnesses	Community Health	Other
C, Dept of Medicine (Chronic Care Nurse)		Diabetes Mellitus Hypertension	Urinary Tract Infection Upper Respiratory Infection		
C, Community Health Nurse Service				Child Development Inservice of Prof. Staff Public Awareness Program	
C, Food Service Div		Diabetes Mellitus Hypertension Obesity		Basic Good Nutrition Various Modified Diets	Inservice of Prof. Staff
C, Social Work					Public Awareness
Chief Professional Service*	Family Planning Different Types of Pre & Post Op Instruction		Breast Examination Danger Signs of Cancer (How to recognize true emergencies)	Breast Examination Danger Signs of Cancer (How to recognize true emergencies)	Public Awareness Program Main Interes in Adm/Heal Manpower Public Information Sys- tems

*The physicians from the services other than Medicine and Family Practice did not respond to the assessment.

TABLE 1

Continued

DAH MEDDAC Areas Surveyed	Selected Middle Management Problems	Chronic Medical Conditions	Acute Minor Illnesses	Community Health	Other
OB/GYN Nurse Clinician	Family Planning Human Sexuality Pre/Post Natal Care Breast Examination Menopause Counseling Pre/Post Op Counseling Hysterectomies	Obesity	Urinary Tract Infections Vaginitis	V.D. Basic Good Nutrition Breast Examination	
Nurse Clinician, Family Practice	Family Planning Pre/Post Natal Care	Hypertension Obesity Coronary Artery Disease Alcoholism	Vaginitis Self Care Colds Improper Use of Antibiotics	Breast Examination V.D. Child Growth & Development Basic Good Nutrition Need for Physical Exercise Hazards/Accidents	
Physicians, Family Practice 8 out of 18	Family Planning Pre/Post Op Counseling Hysterectomies Pre/Post Natal Care Breast Feeding Problems Family Interaction	Hypertension Diabetes Obesity Alcoholism Smoking Cardiac Problems Ulcer Diseases	Self Care Colds Vaginitis Upper Respiratory Infections Self Care Insect Bites	Hazards/Accidents Pap Smears-Why Breast Examination Child Growth & Development Basic Good Nutrition Family Health V.D. Immunization Sex Education	Public Awareness Program Ref Community Resources

TABLE 1

Continued

DAH MEDDAC Areas Surveyed	Selected Middle Management Problems	Chronic Medical Conditions	Acute Minor Illnesses	Community Health	Other
North Post Dispensary (High Concentration of Troops & School Physicals)	Eye Disorders	Hypertension	Upper Respiratory Infection Stomach Disorders Low Back Pain		Public Awareness Programs
Optometry Clinic North Post	Eye Disorders Reading Disabilities Individual Problems Children's Problems Impact Resistant Lenses Use of an "E" Chart Refractive Conditions Cataracts			Importance of Yearly Eye Exam Education of Teachers on Eye Disorders SX of Glaucoma	
Davison Air Field		Hypertension Obesity	Self Care Colds	Seasonal Allergies Immunizations	
Vint Hill Farms	Eye Disorders OB/GYN Problems	Hypertension Diabetes Mellitus Obesity Smoking Low Back Pain Alcoholism Ulcer Disease	Upper Respiratory Infection Ear Infection	Seasonal Allergies Immunizations Hazard/Accidents (Motorcycles)	Opport.

TABLE 1
Continued

DAH MEDDAC Areas Surveyed	Selected Middle Management Problems	Chronic Medical Conditions	Acute Minor Illnesses	Community Health	Other
Patient Admin Div	Obesity Smoking Alcoholism			What Constitutes an Emergency?	Public Awareness Programs Public Information CHAMPUS Dental Program Accessibility to Routine Exams Release of Medical Information
Supply & Services Div					Public Information Program on Patient Home Loan
Plans, Operations & Training					Input Svc Offered

TABLE 2

DEMOCRAPHIC DATA: FAMILY PRACTICE AND AMIC CONSUMERS

DATA	N=200							
	(-)	19	20-29	30-39	40-49	50-59	60-69	70 (+)
Range of Ages	21	25	24	17	7	4	2	
Race or Ethnicity	Caucasian	Negro	Oriental					
Race or Ethnicity	92	7	1					
Male	Female							
Sex	38	62						
	Active Duty	Retired						
	Officer	EM	Officer	EM	Other			
Military Status of Sponsor	42	30	14	14	0			
	Sponsor	Spouse	Dependent					
Patient's Relationship to Sponsor	27	48	25					
	Retired	Housewife	Administrative	Technical Specialist	Professional	Combat Related	Student	Blue Collar Medic Other
Occupation	6	46	14	4	6	6	16	0
							2	1

TABLE 2 cont.

N=200
%

DATA	Married	Widowed	Single	Engaged	Divorced	Separated
Marital Status	71	1	26	0	0	1
Elementary School (1-6 Grades)						
Junior High School (7-8 Grades)						
High School (9-12 Grades)						
Bacca-laureate Degree						
Doctor's Degree						
Education Completed	5	1	37	34	16	7
						3
	Son	Wife	Head of Household	Daughter		
Relationship of Respondent to Head of Household	1	50	37	12		
	1	2	3	4	5	5+
Family Size	2	6	20	30	20	22
	Yes	No				
Do you have any children?	92	8				
	Under 5	5-10	11-15	15-20	20+	
What are their ages?	27	37	24	10	2	

TABLE 3
CONSUMER QUESTIONNAIRE TABULATION OF RESPONSES
N=200—%

QUESTION	Radio	TV	Lecture	Audio Cassette	Booklet	Combination
* How would you like this patient and/or community health education presented? Through what media or combination?						
	16	44	20	10	10	48
Who would you like to present the patient and/or community health education?						
	6	17	44	33	0	0
Groups Individually						
Would you prefer to have the information presented in groups or individually?	66	34				

* This was a multiple answer type question and the 48 percent under the combination category is in addition to the 100 percent in the other categories.

CONSUMER QUESTIONNAIRE TABULATION OF RESPONSES
N=200—%

QUESTION	Heart Disease	Cancer	Hyper-tension	Diabetes	Alcoholism	Emphysema & Bronchitis	Accidents Vehicle	Stomach Ulcers
If people were informed, which illness(es) would they be concerned about?	88	81	79	59	57	57	46	44
Which illness(es) does the average person worry about fairly often? (All, Some, or None)	83	77	50	25	25	20	19	15
Which illness(es) does the average person worry about rarely?	49	48	46	37	26	17	5	2

The percentages for the above questions total more than 100 percent because they were multiple response questions.

The selection of disease categories were taken from the Geller Tables, (Probability Tables of Deaths in the Next Ten Years From Specific Causes), Health Hazard Appraisal, Methodist Hospital, Indianapolis, Indiana, 1972. It was hypothesized at the time the survey was being developed that the majority of patient population at DAH would be in the 20-40 plus age range. (Harvey Geller, chief statistician for the US Public Health Service Cancer Control Program, developed the tables. Their interest lies in the fact that causes of deaths for the following ten years among age, sex, and race groups can be identified.)¹

¹Geller, H., Geller Tables: Health Hazard Appraisal, Methodist Hospital, Indianapolis, Indiana, 1972, Information given by courtesy of the National Center for Health Statistics.

TABLE 3 cont
CONSUMER QUESTIONNAIRE TABULATION OF RESPONSES
N=200--Z

QUESTION	Day	Evening	Individual	Family	Yes	No
Would you be interested in having the information given during the day or evening?	53	47				
Would you prefer to have the information given only to you or would you like the family to participate?	29	71				
Do you feel the physicians give you adequate information about your illness in order that you can be an effective self-care agent?	52	48				
Do you feel the nurses give you adequate information about your illness in order that you can be an effective self-care agent?	37	63				

TABLE 3 cont.
CONSUMER QUESTIONNAIRE TABULATION OF RESPONSES
N=200—%

<u>QUESTION</u>	
What general subject areas of community health education are you interested in?	
First aid	59%
The perils of eating, American style	48%
Common childhood illnesses: What to look for and do	42%
How life effects you and your family	39%
Growth/development: Newborn to teenage	38%
A review of pharmacology, pharmacies and pills for the layman	35%
Consumerism and health care	35%
The great doctor shortage: Is the end in sight	35%
How mental illness affects the patient and those around him	28%
Family planning and special concerns of women	21%
Innovations in health testing	19%
Taking own blood pressure	16%
Why patient's don't follow orders	11%

Again, this is a multiple response question.

The above subject areas were taken from the Course Guide for the Activated Patient at the time the survey was being developed. The intent was to measure consumer response and needs, and to compare the results with the Reston, VA, consumer response. In other words, how does the military community consumer need correspond with their civilian counterparts? Reston, VA, community population is similar (demographic) to DAH, Ft Belvoir, VA population. The Activated Patient is designed for classroom and home study of common health problems emphasizing self-help and preventive medicine. The course is for people that have an interest in being more capable of making rational decisions on the maintenance and promotion of their own families health.

²Sehnert, K. and Nocerino, J., "Course Guide for the Activated Patient," The Mitre Corporation, Reston, VA, 1973, The National Science Foundation, Project Number 1990, Contract Number NSF-C729.

WRAN HEALTH SURVEY OF POPULATION AT FORT BELVOIR
 TABULATION OF RESPONSES, PAGE 8
 N=147--Z

QUESTION	Wife	Husband	Both	Dependents
Relationship of respondent to head of household.	80	10	2	8

Understands Does Not Understand

What is patient or community health education?	65	35
--	----	----

Good Bad Indifferent

How do you feel about patient and/or community health education?	73	1	26
--	----	---	----

Radio TV Lecture Audio Cassette Booklet Combination

*How would you like the patient and/or community health education presented?	8	31	39	8	14	39
--	---	----	----	---	----	----

Through what medium?
 Or combination of media?

*The percentage on this question will total more than 100 percent because it is a multiple response type.

WRAIN HEALTH SURVEY OF POPULATION AT FORT BELVOIR
TABULATION OF RESPONSES, PAGE 8

N=147--2

QUESTION	Medic	Nurse	Physician	Health Educator	Secretary
Who would you like to present the patient and/or community health education?	7	28	40	23	2

Groups Individually

Would you prefer to have the information presented in a group or individually?	67	33
--	----	----

Day Evening

Would you be interested in having the information given during the day or evening?	40	60
--	----	----

Patient Family

Would you prefer to have the information given to you or would you like the family to participate?	15	85
--	----	----

	Excellent	Fairly Good	Not Good	Poor	Don't Know
In general, how do you feel about the Army's patient and/or community health education program in the Ft Belvoir area?	11	35	9	7	38

N=147--2

Yes _____ No _____

Do you feel the physi-
cians give you adequate
information about your
illness in order that
you can be an effective
self-care agent?

Yes _____ No _____

Do you feel the nurses
give you adequate in-
formation about your
illness in order that
you can be an effective
self-care agent?

Yes _____ No _____

Have you or any member
of your family been to
see a doctor in the
past year?

Yes _____ No _____

Do you have a particu-
lar doctor whom you
normally see about
your health when some-
thing is wrong?

CONFIDENTIAL
WHICHVER ELEMENT THAT RETAINS
IDENTITY RELATED TO THE DATA
ASSET FAULT POSITION MAY NOT
DISCLOSE DATA CLASSIFICATION

LEADS RELATED INFORMATION RELATED TO SOURCE

APPENDIX A
PROFESSIONAL STAFF ASSESSMENT

(Instructions were given by the interviewee prior to the staff response. Questions of the interviewees were answered by the interviewer as the need arose during the data collection phase.)

PROJECT: PACOMED
HEALTH CARE STUDIES DIVISION
ACADEMY OF HEALTH SCIENCES
FORT SAM HOUSTON, TEXAS 78234

PROFESSIONAL STAFF ASSESSMENT

(1) Types of patient education being done:

(2) Methods used:

(3) Identify the areas of repetition in patient education.

(4) Types of patient education (information and management) identified, but do not have time to discuss with patients.

(5) Are there any resources (Human or Technological) you would like to have assist you in this area?

CONFIDENTIAL - NOT TO BE DISCLOSED OUTSIDE THE STATE OF CALIFORNIA

(6) Name two patient education areas that are of greatest need in the following categories:

Chronic medical conditions

Selected middle management problems in OB/GYN, Pediatrics, Surgery

Acute minor illnesses

Community Health

APPENDIX B

CONSUMER QUESTIONNAIRE

PROJECT: PACOMED
HEALTH CARE STUDIES DIVISION
ACADEMY OF HEALTH SCIENCES
FORT SAM HOUSTON, TEXAS 78234

CONSUMER QUESTIONNAIRE

INSTRUCTIONS: Please answer each item by supplying the correct information, if you have questions do not hesitate to ask the monitor, the numbers on the extreme left are for coding purposes.

1. Date: _____
2. Patient's name: _____
3. Date of birth: _____
4. Social Security Number: _____
5. Race or ethnicity: _____
6. Sex: _____
7. Military Status of sponsor: AD Retired Deceased Other
 Officer EM Officer EM
8. Patient's relationship to sponsor: Sponsor Spouse Dependent
9. Occupation:
0 - None (unemployed or retired)
1 - Housewife
2 - Adminsistrative (desk work)
3 - Technical specialist (mechanic, computers)
4 - Professional other than medical (lawyer, clergy)
5 - Combat Related (unit groups)
6 - Student (full time)
7 - Blue Collar (custodial, maid, janitor)
8 - Medics (RN, MD, PN, DDS, etc.)
9 - Other

10. Marital Status: Married _____ Engaged _____
Widowed _____ Divorced _____
Single _____ Separated _____

11. Education Completed:

Elementary School (1-6 grades) _____

Junior High School (7-8 grades) _____

High School (9-12 grades) _____

1 to 3 Years College _____

Baccalaureate Degree _____

Master's Degree _____

Doctor's Degree _____

12. Relationship of respondent to head of household: _____

13. Family size and composition: _____

14. Do you have any children? _____

15. What are their ages? _____

16. How would you like the patient and/or community health education presented?

Through what medium? Or combination of media?

Radio _____ Tape (audio) Cassette _____

TV _____ Booklet _____

Lecture _____ Combination _____

17. Who would you like to present the patient and/or community health education?

Medic _____ Health Educator _____

Nurse _____ Secretary _____

Physician _____

18. Would you prefer to have the information presented in groups or individually?

19. Would you be interested in having the information given during the day or evening?

20. Would you prefer to have the information given only to you or would you like the family to participate?

21. Do you feel the physicians give you adequate information about your illness in order that you can be an effective self-care agent?

22. Do you feel the nurses give you adequate information about your illness in order that you can be an effective self-care agent?

23. If people were informed, which illness(es) would they be concerned about? (Select one, all, none)

Diabetes _____ Cancer _____

Hypertension _____ Accidents, vehicle _____

Heart Disease _____ Stomach ulcers _____

Alcoholism _____ Emphysema & Bronchitis _____

24. Which illness or illnesses does the average person worry about fairly often? (all, some, none)

Heart Disease _____ Diabetes _____

Cancer _____ Pneumonia _____

Alcoholism _____ Leukemia _____

High Blood Pressure _____ Emphysema & Bronchitis _____

25. Which illness or illnesses does the average person worry about rarely?

Heart Disease _____ Diabetes _____
Cancer _____ Pneumonia _____
Alcoholism _____ Leukemia _____
High Blood Pressure _____ Emphysema & Bronchitis _____

26. What general subject areas of community health education are you interested in? (all, some, none)

A review of pharmacology, pharmacies, and pills for the layman.

Why patients don't follow orders.

Should a patient take his own blood pressure?

Consumerism and health care.

How life style affects you and your family.

Innovations in health testing.

Growth and development: Newborn to Teenager.

Common childhood illnesses: What to look for and do.

How mental illness affects the patient and those around him.

Individual resources

Community resources

Family planning and special concerns of women.

The great doctor shortage: Is the end in sight?

- a. Present and future trends in health care delivery.
- b. Use of paramedics and systems in health care.

First-aid, i.e.,

Emergency resuscitation

Mouth-to-mouth

Care of poisoning case

Proper care of burns, sprains, strains, back injuries, etc.

The perils of eating, American style: A basic review of nutrition, vitamins, and practical eating tips.

APPENDIX C
WRANL HEALTH SURVEY OF POPULATION AT FORT BELVOIR, VIRGINIA

**The data collected for Section III
of the Assessment of Potential
Patient Consumer Needs is on Page 22**

INTERVIEWERS NAME: _____

WRAN SURVEY, SPRING 1974

UNIVERSITY OF MARYLAND
WALTER REED ARMY INSTITUTE OF NURSING CENTER

Health Survey of Population at FT Belvoir, VA

Rationale:

Health reflects the quality on one's life. It is an expression of the problems and strengths of the total community where one lives out that life. Assessment of the health of a community group requires an evaluation of the interrelated variables that make up community life.

The community's health needs reflect the degree of success achieved by the structures of the community as they function and interact to contribute to and enhance the quality of life of the community's inhabitants.

An accurate assessment of a community's health needs requires both an examination of the quality of life of its inhabitants and of the system of interacting structures that make up the community.

Family Interview Guide

NAME

MILITARY STATUS	Active Duty		Retired	
	Army	USAF	USN	USMC

ADDRESS

MEMBERS OF HOUSEHOLD

RANK OF SPONSOR _____

Individual	Age	Sex	Race	Marital Status	Birth-place	Education				Occup.	Religion
						Yrs	H.S.	Coll.	Grad		
Sponsor											
Spouse											
1.											
2.											
3.											
4.											
5.											

(1)

1. Is this the first time you've lived on a military post?
2. How do you find living on post?
3. Are the services provided there as good, about the same or worse than those provided at other places you have lived?
4. What do you like best about living on post?
5. What do you like least about living on post?
6. Would you prefer to live in another housing area on post? Why?
7. How do you think people from other areas feel about the housing areas?
8. How do you rate this housing area as compared to others?

9. Housing survey

Type of housing	APARTMENT	OTHER
	Single dwelling	Number of persons per bedroom _____

Number of rooms _____

Air conditioning - type

Outside play area

Overall condition of building

Screens

Windows

Doors

Housekeeping

Excellent

Good

Fair

Poor

Type of garbage disposal

Frequency of garbage collection

Heating

Individually controlled

Centrally controlled

Water

Provided by

taste

amount

additives

10. The most outstanding good feature of your housing is _____

11. The most outstanding bad feature of your housing is _____

12. I think that my government housing is equivalent to about _____ dollars of pay in addition to your bring home pay check.

(2)

Communication and Transportation

1. How long have you lived on post?
2. Do most of your friends live in this housing area?
3. Where do they live?
4. Is it easy or difficult to make friends in this area?
5. Do you have a telephone? _____ Radio _____
T.V. _____ Family car _____ number
number type who uses it, drives
- Motorcycle _____ who uses it
- Bicycle _____ number - who uses
6. Has the energy crisis with its shortage of fuel affected you getting around?
 - a. In what ways?
 - b. Have you or any family member ever used a car pool?
7. Have you used the post bus transportation?
How often? Daily Frequently Rarely
How did you find it?
Will you continue to use it?
Are there any other ways you get where you want or need to go?
List 1.
 - 2.
 - 3.
8. Do you read the local newspapers?
Do you have a home subscription?
Which ones?
Do you prefer any particular one?
9. What about the Post paper, the Castle, do you read it? _____
Do you like it? _____
10. In what other ways do you get information about what's happening in the world?
examples: friends family members school

(3)

Communication and Transportation - Cont'd

11. What else do you like to read? magazines
12. How do you find out about changes in hospital procedures?

Community Relationships

1. How about shopping, do you usually shop at the commissary and the PX?
Do you save money by shopping on Post?
2. Do you shop anywhere else?
Where?
3. How would you compare shopping at the commissary and PX with shopping other places?
4. Is it convenient?
5. How do you feel about availability of credit buying?
6. Do you usually find what you are looking for at the commissary and PX, and in the right sizes?
7. As far as other services on Post, do you use the bank or the Post Office on a regular basis?
8. Are your church services available on post? Where is your church?
When did you attend church last?
9. If you do not use the Post for these services, where do you get them?
10. Do you ever use the Thrift Shop?
11. Have you ever had any contact with or used the Military Police, the Fire Department?
 - a. Were the services satisfactory?
 - b. How do you think they could be better?
12. Have you ever used Army Community Service?
Where is ACS located?
 - a. How did you find out about them?
 - b. Do you know about all of their services?
13. How would you find out about other services on Post? Who would you or the family ask for information about them?

(4)

Community Relationships - Cont'd

14. Do you or anyone in the family belong to any of the groups on post? Which ones?

<u>On Post</u>	<u>Off Post</u>
List with appropriate family member	

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

15. Would you be interested in joining a group on Post?

16. Do you or anyone in the family belong to any groups that are not located on Post? What are they (list above)?

17. What are your community fringe benefits worth to your family in terms of addition to your income?
Take a guess?

Medical Activity Relationships

1. How often do you use DeWitt Army Hospital for yourself or other family members.
2. Have you or anyone else in the family ever been hospitalized there?
3. If yes, how many days were you there?
4. Were you satisfied with the care you or they received there?
 - a. In what ways did the doctors help you?
 - b. In what ways did the nurses help you?
 - c. In what ways did other people on the staff help you?
 - d. In what ways could any of the above hospital staff have helped you?
5. What about out-patient services, how often do you or other family members use these?
6. What does your family like best about the clinic services at DeWitt?
7. What does your family like least about clinic services at DeWitt?
8. Are you familiar with the Army Health Nursing Services at DeWitt Hospital?
9. Have you or anyone you know received services from the Army Health Nurses at DeWitt Hospital?
10. What did you or your family like least about Army Health Nursing Service?

(5)

Medical Activity Relationships - Cont'd

11. What did you or your family like best about the Army Health Nursing Service?
12. Do you think you and the family might ever use the Army Health Nurse's Services?
13. Aside from the medical quality of services at the hospital, are there any practical matters you would like to comment on?
14. What amount per month do you consider should be added to your pay if you did not have prepaid Army Medical Services?
(i.e., What do you think it would cost a family like yours for a civilian prepaid program with equal coverage, such as an H.M.O.?)

How would you rate those of the services that are offered by the hospital,
good so-so fair poor (circle one)

Are there any other services you think the hospital should offer to this community?

Which of the following problems do you believe require medical attention?
How soon? INSTRUCTIONS TO INTERVIEWER: Do not add any qualifications to the below "Problems", if you do, the answers wouldn't mean anything and cannot be compared with each other.

<u>Condition</u>	<u>Reqs. Attn.</u>	<u>How Soon</u>
Loss of appetite		
Sore throat		
Persistent backache		
Continued coughing		
Headache		
Persistent joint and muscle pain		
Blood in stool		
Diarrhea		
Blood in urine		
Excessive vaginal bleeding		
Swelling of ankles		
Loss of weight		
Bleeding gums		
Chronic fatigue		
Shortness of breath		
Persistent headaches		
Fainting spells		
Pain in chest		
Lump in breast		
Lump in abdomen		

(6)

1. Adolescent Problems	2. Alcohol and Drugs	3. Child Abuse	4. Day Care Services	5. Elderly or Problems of Aging	6. Environmental Problems	7. Female Problems	8. Health Maintenance re: smoking, child behavior, obesity, etc.	9. Retardation	10. Minor Medical Emergencies	11. Marital Problems	12. Mental Hygiene or Nervous conditions	13. Routine Medical Care	14. Specialty Clinics	15. School Problems	16. Suicide feelings	17. Laboratory Services	18. Pharmacy Services	19. Nutritional Services	20. Major Medical Emergencies
This service is offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	This service is not offered at USDAH	
I have used this service at USDAH	I use another family member at USDAH (some family memb)	I use another family member at USDAH (some family memb)	I use another family member at USDAH (some family memb)	This family has no need for this type of service	This family has no need for this type of service	The FT Belvoir Community hospt	The FT Belvoir Community hospt	The FT Belvoir Community hospt	I use this service										
At USDAH	At USDAH	At USDAH	At USDAH	At USDAH (some family memb)	At USDAH (some family memb)	At USDAH (some family memb)	This kind of service should come from a cty.	This kind of service should come from a cty.	M.D. or hospital	M.D. or hospital	M.D. or hospital	If USDAH had this svc. I would not like to use it.	If USDAH had this svc. I would not like to use it.	If USDAH had this svc. I would not like to use it.	If USDAH had this svc. I would not like to use it.	If USDAH had this svc. I would not like to use it.	If USDAH had this svc. I would not like to use it.	If USDAH had this svc. I would not like to use it.	
This kind of service should come from a cty.	This kind of service should come from a cty.	This kind of service should come from a cty.	This kind of service should come from a cty.	I have obtained this svc.	I have obtained this svc.	I have obtained this svc.	I prefer to use CHAMPUSS by using CHAMPUSS	I prefer to use CHAMPUSS by using CHAMPUSS	Medical care in this category from civilian sources has cost me \$ in the past yr.	Medical care in this category from civilian sources has cost me \$ in the past yr.	Medical care in this category from civilian sources has cost me \$ in the past yr.	The best source of info is:							

HEALTH CARE STUDIES DIVISION: AHS, FSHTX

1. Relationship or respondent to head of household: _____
2. What is patient or community health education? Understands ()
Does not understand ()
3. How do you feel about patient and/or community health education?
good () bad () indifferent ()
4. How would you like the patient and/or community health education presented? Through what medium? Or combination of media?
Radio _____ Tape (audio) Cassette _____
TV _____ Booklet _____
Lecture _____ Combination _____
5. Who would you like to present the patient and/or community health education?
Medic _____ Health educator _____
Nurse _____ Secretary _____
Physician _____
6. Would you prefer to have the information presented in groups or individually?
7. Would you be interested in having the information given during the day or evening?
8. Would you prefer to have the information given only to you or would you like the family to participate?
9. How long have you lived in the FT Belvoir area?
10. In general, how do you feel about the Army's patient and/or community health education program in the FT Belvoir area?
Excellent _____ Not good _____
Fairly good _____ Poor _____
11. Do you feel the physicians give you adequate information about your illness in order that you can be an effective self-care agent?
12. Do you feel the nurses give you adequate information about your illness in order that you can be an effective self-care agent?
13. Have you or any member of your family been to see a doctor in the past year?
14. Do you have a particular doctor whom you normally see about your health when something is wrong?

WRAN COMMUNITY ASSESSMENT
FORT BELVOIR, VA
SPRING 1974

REPORT OF FAMILY DECLINING TO PARTICIPATE IN SURVEY

INSTRUCTIONS:

1. DO NOT: Identify family by name or address.

2. DO:

a. Attempt to find out and record reason for family non-participation.

b. If it is a matter of their feelings about the survey please try to elicit the basis in feelings i.e.,

Distrust of our purpose ()
See it as possibly punitive ()
See it as fruitless ()
Don't care for Nurses ()
Just want privacy ()

c. If it is a matter of inconvenience to the family, there is no need to fill out this form. Try to find a time that you can return--perhaps later same day or the following week.

COMMENTS: _____

STUDENT's NAME _____

(9)

10. DISTRIBUTION:

Defense Documentation Center (2)
HQDA (DASG-PSC) (1)
Director, Joint Medical Library, Offices of The Surgeons General, USA/USAF,
The Pentagon, Rm 1B-473, Washington, DC 20310 (1)
Commander, Dwight D. Eisenhower Army Medical Center, Fort Gordon, GA 30905 (1)
Commander, Brooke Army Medical Center, Fort Sam Houston, TX 78234 (1)
Commander, Fitzsimons Army Medical Center, Denver, CO 80240 (1)
Commander, Letterman Army Medical Center, San Francisco, CA 94129 (1)
Commander, Madigan Army Medical Center, Tacoma, WA 98431 (1)
Commander, Tripler Army Medical Center, Honolulu, HI 96819 (1)
Commander, Walter Reed Army Medical Center, Washington, DC 20012 (1)
Commander, William Beaumont Army Medical Center, El Paso, TX 79920 (1)
Commander, US Army Aeromedical Center, Fort Rucker, AL 36360 (1)
Commander, USAMEDDAC, Canal Zone, Fort Clayton, CZ APO NY 09827 (1)
Commander, USAMEDDAC, Fort Belvoir, VA 22060 (1)
Commander, USAMEDDAC, Fort Benning, GA 31905 (1)
Commander, USAMEDDAC, Fort Bragg, NC 28307 (1)
Commander, USAMEDDAC, Fort Campbell, KY 42223 (1)
Commander, USAMEDDAC, Fort Carson, CO 80913 (1)
Commander, USAMEDDAC, Fort Devens, MA 01433 (1)
Commander, USAMEDDAC, Fort Dix, NJ 08640 (1)
Commander, USAMEDDAC, Fort Eustis, VA 23604 (1)
Commander, USAMEDDAC, Fort George G. Meade, MD 20755 (1)
Commander, USAMEDDAC, Fort Hood, TX 76544 (1)
Commander, USAMEDDAC, Fort Huachuca, AZ 85613 (1)
Commander, USAMEDDAC, Fort Jackson, SC 29207 (1)
Commander, USAMEDDAC, Fort Knox, KY 40121 (1)
Commander, USAMEDDAC, Fort Leavenworth, KS 66027 (1)
Commander, USAMEDDAC, Fort Lee, VA 23801 (1)
Commander, USAMEDDAC, Fort Leonard Wood, MO 65473 (1)
Commander, USAMEDDAC, Fort McClellan, AL 36201 (1)
Commander, USAMEDDAC, Fort Monmouth, NJ 07703 (1)
Commander, USAMEDDAC, Fort Ord, CA 93941 (1)
Commander, USAMEDDAC, Fort Polk, LA 71459 (1)
Commander, USAMEDDAC, Fort Riley, KS 66442 (1)
Commander, USAMEDDAC, Fort Sheridan, IL 60037 (1)
Commander, USAMEDDAC, Fort Sill, OK 73503 (1)
Commander, USAMEDDAC, Fort Stewart, GA 31313 (1)
Commander, USAMEDDAC, Fort Wainwright, Fairbank, AK 99703 (1)
Commander, USAMEDDAC, Redstone Arsenal, Huntsville, AL 35809 (1)
Commander, USAMEDDAC, USMA, West Point, NY 10996 (1)
Commander, USA Health Clinic, Aberdeen Proving Ground, MD 21005 (1)
Commander, USA Health Clinic, Carlisle Barracks, PA 17013 (1)
Commander, USA Health Clinic, Fort Benjamin Harrison, IN 46216 (1)
Commander, USA Health Clinic, Fort McPherson, GA 30330 (1)
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